

DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34545

STATE FILE NUMBER

FILED OCT 11 1957

Registration District No. 333 Primary Registration District No. 6113 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Benton</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>Benton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>Urham Service Sta.</u> <u>Life</u>				d. STREET ADDRESS (If outside, give location) Reside on Farm <u>2 blocks of Highway</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First <u>Andrew</u> Middle <u>Edward</u> Last <u>Halter</u>		4. DATE OF DEATH		Month <u>Sept.</u> Day <u>23</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 2, 1890</u>		9. AGE (In years last birthday) <u>67</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk</u>		11. BIRTHPLACE (City and state or country) <u>Sikeston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Andrew Halter</u>				14. MOTHER'S MAIDEN NAME <u>Ech</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-01-1922</u>		17. INFORMANT <u>Alfred Halter</u>		Address <u>Benton, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis & Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertension</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Yrs.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Nov. 1955</u> to <u>Sept. 23, 1957</u> and last saw <u>him</u> alive on <u>Sept. 21st 1957</u> Death occurred at <u>9:30 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M. D. Bregan D. O.</u>				22b. ADDRESS <u>Benton, Mo.</u>		22c. DATE SIGNED <u>9-25-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 26, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Denis Catholic</u>		23d. LOCATION (City, town, or county) (State) <u>Benton, Mo.</u>	
24. FUNERAL DIRECTOR <u>Ford & Sons</u>		ADDRESS <u>Benton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-30-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	

DATE RECEIVED OCT 7 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1057-214

OCT 14 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Walter J. Ford, Student Embalmer No. 55
working under my personal supervision.

Student Walter J. Ford
Signature of Student Embalmer

Signed C. J. Loring
Licensed Embalmer No. 38
P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.